

Please complete the form below and mail with deposit to:
Wilmington Recreation Department, Town Hall, 121 Glen Road, Wilmington, MA 01887
10/7-12 Iceland

Conway Tours offers an MH Ross Travel Protection Plan to protect your investment, your belongings and most importantly, you! There are certain restrictions, exclusions and limitations that apply to all coverages and services. Plan benefits, limits, and provisions may vary by state jurisdiction. To review full plan details online, go to: www.tripmate.com/wpar850s. You will receive a Policy (or Description of Coverage for residents of certain states) and Description of 24-Hour Emergency Assistance Services which describes the benefits and limitations in detail.

Travel Protection Plan will be added to the package at **\$114.00** premium per person and will be prepaid with my deposit, totaling **\$364.00**. (See policy above.) *The insurance premium must be paid with your initial deposit and is non-refundable.*

☐ **YES**, I do want to include the premium for the MH Ross Travel Protection Plan.

☐ **NO**, I do not wish to include the premium for the MH Ross Travel Protection Plan. I realize that I am not covered the MH Ross Travel Protection Plan. _____ (initial)

☒ Please find enclosed a deposit of **\$250.00** per person (plus the cost of the insurance of **\$114.00** if purchasing due with deposit) of **\$364.00** per person for _____ person(s) due as soon as possible, as space is limited and available on a first come, first serve basis. I/we understand that the balance is due on **6/24/2016** and that full refunds, minus the cost of insurance, will be returned to passengers if insurance is purchased. If insurance is not purchased and cancellation is given up to 100 days prior to tour departure date a full refund will be given. Between 99-75 days prior to departure, the full deposit is non-refundable. Between 74-16 days prior to departure, 75% of the total tour price is forfeited. Within 15 days of departure-NO REFUND.



PASSPORT INFORMATION

NOTE: PLEASE ENSURE THAT ALL NAMES ARE FILLED IN AS THEY APPEAR ON PASSPORT!

The Transportation Security Administration (TSA) requires the information below. You are responsible for filling out this form **CORRECTLY** and **COMPLETELY**, and failure to do so will result in the denial of boarding at the airport and/or financial penalties. You are responsible for any expenses, inconveniences, or loss of trip stemming from providing incomplete or incorrect information. Additionally, airlines are refusing to do "name changes" if information is not provided properly in the first place, resulting in the passenger losing their seat. Any missing or outdated information **MUST** be provided to Conway Tours **NO LATER** than 90 days prior to departure. Plan to renew your passport in time to submit all pertinent information. Your passport **MUST** be good for a minimum of three (3) months **AFTER** your return date. Please take special care in filling out this form correctly.

We suggest submitting a photocopy page of your passport with your reservation form, for purposes of clarity.



Name: _____ ☐ M ☐ F
(AS IS ON PASSPORT) First Name Middle Name/Middle Initial Last Name
 Date of Birth Passport # Exp. of Passport Place of Issue Citizenship
 Address: _____
 Street Apt. City State Zip
 Phone: _____ Email: _____
 Home Cell

Roommate1: _____ ☐ M ☐ F
(AS IS ON PASSPORT) First Name Middle Name/Middle Initial Last Name
 Date of Birth Passport # Exp. of Passport Place of Issue Citizenship

Roommate2: _____ ☐ M ☐ F
(AS IS ON PASSPORT) First Name Middle Name/Middle Initial Last Name
 Date of Birth Passport # Exp. of Passport Place of Issue Citizenship



In Case of Emergency, Notify: _____ **Phone:** _____



Customer Name: (Print) _____

Customer Signature Required: _____